

Occupational Medicine Nanoscale Materials Evaluation Declination Form

I understand that because of my occupational exposure to nanoscale materials, I may be at risk of adverse health effects. Workers who are occupationally exposed to **unbound**, **engineered nanoparticles** may benefit from inclusion in a medical screening program to help protect their health.

I have been given the opportunity to receive a baseline medical evaluation and other medical tests as deemed appropriate by the Occupational Medicine physician. However, I decline to receive this medical evaluation and testing at this time.

I understand that by declining medical evaluation and testing, I am aware of the nature of the potential workplace exposures, potential health risks, and instructions for reporting health symptoms.

If, in the future, I continue to have occupational exposure to unbound, engineered nanoparticles and decide to receive medical evaluation, I will be given the opportunity by contacting ESH&A to discuss re-entry into medical surveillance program.

Employee's Name (Print)	
Employee's Signature	
Date	